



ePLACE Permitting Portal Training Manual

GCOM Software Inc.

The EEA ePLACE PORTAL Training Manual is presented by Massachusetts Department of Environmental Protection. The training manual goal is to acquaint Public Users with the new ePLACE PORTAL application.

PROGRAM GOAL

The ePLACE PORTAL Training Manual is presented by Massachusetts Department of Environmental Protection.

By completing this course, participants will be able to:

- ✓ Navigate the ePLACE PORTAL application
- ✓ Manage Account
- ✓ Search Property (Facility), License, record/Application
- ✓ Apply for Permit/ License/ Authorization
- ✓ Add a Facility
- ✓ Make Online Payment
- ✓ Delegating a Record/Application
- ✓ Checking status of an Application
- ✓ Editing an Application
- ✓ Amend/ Renew a Permit/ License/ Authorizations

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CHAPTER 1 - ACCESSING ePLACE PORTAL

This exercise will demonstrate how the Public User will login to the ePLACE PORTAL.	
Application Screen	Tasks
Activity - Login to ePLACE PORTAL	<ol style="list-style-type: none">1. CLICK Link to ePLACE PORTAL application2. ENTER Public User login name provided3. ENTER Password provided
Account Landing Page	Account Landing Page will open

CHAPTER 1 – ACCESSING ePLACE PORTAL

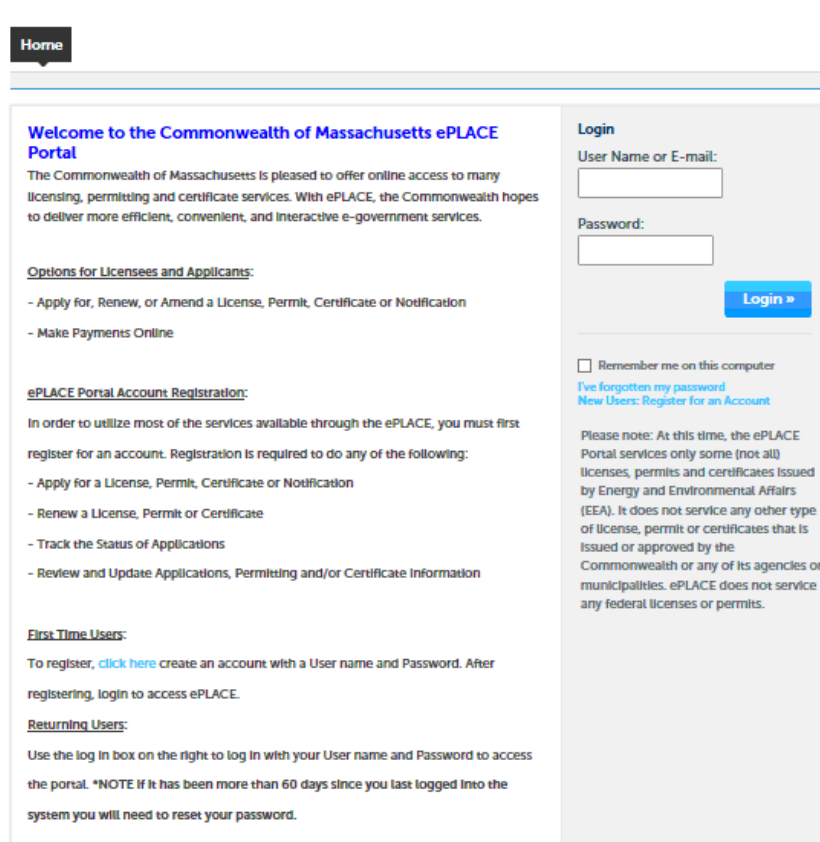
Notes

At the completion of this Chapter, the Public User will be able to:

- Access the ePLACE PORTAL System
- Create Account
- Login
- Retrieve Forgotten Password

HOME PAGE

The ePlace Portal Home Page:



The screenshot displays the ePLACE Portal Home Page. At the top left, there is a 'Home' button. The main content area is divided into two columns. The left column contains a welcome message, a list of options for licensees and applicants, and registration instructions for new and returning users. The right column features a login section with input fields for 'User Name or E-mail' and 'Password', a 'Login »' button, and a 'Remember me' checkbox. Below the login section, there are links for 'I've forgotten my password' and 'New Users: Register for an Account'. A 'Please note' section at the bottom right clarifies the scope of services provided by the portal.

Welcome to the Commonwealth of Massachusetts ePLACE Portal

The Commonwealth of Massachusetts is pleased to offer online access to many licensing, permitting and certificate services. With ePLACE, the Commonwealth hopes to deliver more efficient, convenient, and interactive e-government services.

Options for Licensees and Applicants:

- Apply for, Renew, or Amend a License, Permit, Certificate or Notification
- Make Payments Online

ePLACE Portal Account Registration:

In order to utilize most of the services available through the ePLACE, you must first register for an account. Registration is required to do any of the following:

- Apply for a License, Permit, Certificate or Notification
- Renew a License, Permit or Certificate
- Track the Status of Applications
- Review and Update Applications, Permitting and/or Certificate Information

First Time Users:

To register, [click here](#) create an account with a User name and Password. After registering, login to access ePLACE.

Returning Users:

Use the log in box on the right to log in with your User name and Password to access the portal. *NOTE If it has been more than 60 days since you last logged into the system you will need to reset your password.

Login

User Name or E-mail:

Password:

[Login »](#)

☐ Remember me on this computer

[I've forgotten my password](#)
[New Users: Register for an Account](#)

Please note: At this time, the ePLACE Portal services only some (not all) licenses, permits and certificates issued by Energy and Environmental Affairs (EEA). It does not service any other type of license, permit or certificates that is issued or approved by the Commonwealth or any of its agencies or municipalities. ePLACE does not service any federal licenses or permits.

ACCOUNT CREATION

First Time user will click on “New Users: Register for an Account” link on the Home Page to create the online account.

New Users: Register for an Account

After New User button is clicked, screen will refresh and will display the account registration page. User will accept “Terms to proceed” and will click “Continue Registration”

Account Registration

You must provide the following information to open an account:

User Name and Password
Contact Information
E-mail

Please review and accept the terms below to proceed.

In order to perform licensing and permitting transactions online, you were required to register for the eLicensing and ePermitting Portal. All registered users of the eLicensing and ePermitting Portal are required to agree to the following:

1. Use of the Commonwealth of Massachusetts eLicensing and ePermitting Portal is subject to federal and state laws, which may be amended from time to time, including laws governing unauthorized access to computer systems. Online inquiries and transactions create electronic records that in some instances might be disclosed to

☐ I have read and accepted the above terms.

Continue Registration »

User will enter Login Information.

* Indicates a required field

Login Information

* User Name:

?

* Registration E-mail Address:

* Password:

?

Password Strength

Requirements

* Type Password Again:

* Select a Security Question:

?

* Answer:

?

User will click on “Add New” to add contact information.

Contact Information

Please select “Add New” to provide contact information. E-mail addresses must be current in order to receive important legal and other notices relating to your use of this site. An e-mail will be sent to the e-mail address provided during the registration process.

This contact information pertains to the account registration for this portal. All other changes to contact information should be made through the application or amendment process with the applicable Agency.

Add New

Continue Registration »

Select Contact Type and click continue.

Select Contact Type

×

*Type:

--Select--
Individual
Organization

Continue

Discard Changes

Add contact information and click continue.

Contact Information

×

Salutation: *First Name: Middle Name: *Last Name: Suffix:
--Select--

Title:

*Primary Phone:

Primary Extension

Alternate Phone:

Mobile Phone:

Fax Number:

*Contact E-mail Address:

P.O. Box / Address Line:

?

Country:

--Select--

City:

State:

Zip:

Continue

Clear

Discard Changes

Once all required information is entered, user will click "Continue registration"

* Indicates a required field.

Login Information

* User Name: ?

* Registration E-mail Address:

* Password: ?

Password Strength [Requirements](#)

* Type Password Again:

* Select a Security Question: ?

* Answer: ?

Contact Information

Please select "Add New" to provide contact information. E-mail addresses must be current in order to receive important legal and other notices relating to your use of this site. An e-mail will be sent to the e-mail address provided during the registration process.


This contact information pertains to the account registration for this portal. All other changes to contact information should be made through the application or amendment process with the applicable Agency.

✔ Contact updated successfully.

Mr. BENJAMIN J WEISMAN
BEN.WEISMAN@FAKE.COM
Primary Phone: (788)978-7788
Mobile Phone:
Alternate Phone:
Fax Number:
[Edit](#) [Remove](#)

[Continue Registration »](#)

User account is created.



Congratulations. You have successfully created an account with the Commonwealth of Massachusetts eLicensing and ePermitting Portal. You will receive a confirmation by e-mail.

Reminder: If you are a current license or permit holder, you must link this Portal account to your record before you can complete transactions such as a renewal or amendment.

Click on the "Home" tab to login and continue.

User will click on Home tab to login.

Mass.gov State Offices & Courts | State A-Z Topics | State Forms | Accessibility FAQs

An Official website of the Commonwealth of Massachusetts

eLicensing and ePermitting Portal

[Announcements](#) ☐ [Accessibility Support](#) [Register for an Account](#) [Login](#)

Need Help? For technical assistance in using this web application, please call the ePLACE Help Desk Team at (844) 733-7522 or (844) 73-ePLAC between the hours of 7:30 AM-5:00 PM Monday-Friday, with the exception of all Commonwealth and Federally observed holidays. If you prefer, you can also e-mail us at ePLACE_helpdesk@state.ma.us. For assistance with non-technical questions, please contact the issuing Agency directly using the links below.

Contact [Energy and Environmental Affairs](#)

Convenience Fee: Please note there will be a convenience fee for all online credit card transactions. There is also a nominal fee for online payment by check.

Home

Advanced Search ▼

Welcome to the Commonwealth of Massachusetts ePLACE Portal

The Commonwealth of Massachusetts is pleased to offer online access to many licensing, permitting and certificate services. With ePLACE, the Commonwealth hopes to deliver more efficient, convenient, and interactive e-government services.

Options for Licensees and Applicants:

- Apply for, Renew, or Amend a License, Permit, Certificate or Notification
- Make Payments Online

Login

User Name or E-mail:

Password:

[Login »](#)

From this screen, Public User is able to:

- Login
- Search for Record/Applications

How to login:

- **ENTER** username and password
- **CLICK** Login
- **USER** will be directed to the landing page.

LANDING PAGE

The screenshot shows the ePlace Portal landing page. At the top, there is a navigation bar with a 'Home' button and a menu containing 'Dashboard', 'My Records', 'My Account', and 'Advanced Search'. The main content area is divided into two columns. The left column contains a welcome message for 'Kausar A.', a list of actions (File an Online Application, Renew a License, Amend License), a disclaimer about the portal's scope, and links to 'General Information', 'MDAR', 'DEP', and 'DCR'. The right column features a large blue button labeled 'File an Online Application'.

Home

Dashboard **My Records** **My Account** **Advanced Search**

Welcome Kausar A.
You are now logged in to the Commonwealth's eLicensing and ePlace Portal.

What would you like to do?

- [File an Online Application](#)
- Renew a License, Permit or Certificate
- Amend License, Permit or Certificate Information

Please note: At this time, the ePLACE Portal services only some (not all) licenses, permits and certificates issued by Energy and Environmental Affairs (EEA). It does not service any other type of license or permit that is issued or approved by the Commonwealth or any of its agencies or municipalities. This Portal will not service any federal licenses or permits.

For additional information about the Commonwealth, please visit the [Mass.gov](#) portal. For EEA information, please visit the [EEA website](#).

General Information	DEP
File an Online Application	Search Applications
MDAR	DCR
Search Applications	Search Applications

File an Online Application

FORGOTTEN PASSWORD

If Public User forgets his password:

Click on "I've forgotten my password" link on the Login Page

[I've forgotten my password](#)

Enter email address used during registration, click continue

Reset Password

If you forgot your password, a new one will be sent to you. To begin provide your e-mail address below.

* Registration E-mail Address:

Continue »

Answer Security question, click send new password link

Reset Password

The security question you answered when you first registered is displayed below. Please provide your security answer so we can verify your identity.

Security Question:
Fav Color

* Security Answer?

Send New Password »

System will email new password



Your password has been reset. An e-mail has been sent containing your new password. Please use the new password to login.

- **CLICK** "I've forgotten my password"
- **ENTER** email address used during registration
- **CLICK** Continue
- **ANSWER** Security Question
- **SYSTEM** will email new password to email address used during registration

CHAPTER 2 – ACCOUNT MANAGEMENT ACTIVITY – ADD A CONTACT

Account Management – Edit login/account information. Adding a contact	
Page Section	Tasks
Edit login/account information	<ul style="list-style-type: none">• CHANGE login information (if necessary)• CHANGE account information answer (if necessary)• CLICK Save
Adding New Contact	<ul style="list-style-type: none">• ENTER the following information:<ul style="list-style-type: none">a. Select Contact Typeb. Enter login information

CHAPTER 2 – ACCOUNT MANAGEMENT

Notes

At the completion of this Chapter, the Public User will be able to:

- Update/edit Account Information
- Add a contact
- Logout of Application

From Account Management page, Public User can:

- Add a contact
- Verify Account Type, Login Information, Contact Information
- Add a contact
- Logout

After login, click on Account Management link on the top. Click “edit” to update login information, “Add a Contact” to add contact and “Action” to update contact information.

Announcements Logged in as: Kausar A. **Account Management** Logout

Need Help? For technical assistance in using this web application, please call the ePLACE Help Desk Team at (844) 733-7522 or (844) 73-ePLAC between the hours of 7:30 AM-5:00 PM Monday-Friday, with the exception of all Commonwealth and Federally observed holidays. If you prefer, you can also e-mail us at ePLACE_helpdesk@state.ma.us. For assistance with non-technical questions, please contact the Issuing Agency directly using the links below.

Contact [Energy and Environmental Affairs](#)

Convenience Fee: Please note there will be a convenience fee for all online credit card transactions. There is also a nominal fee for online payment by check.

Home

Dashboard My Records My Account Advanced Search

Manage Your Account
Your current account information is shown below. Click an Edit button to update information within a section.

Account Type

Citizen Account

Login Information **Edit**

User Name: kausar
E-mail: kausar.althar@gcomsoft.com
Password: *****
Security Question: what is your name?

Contact Information **Add New**

Please select “Add New” to provide contact information. E-mail addresses must be current in order to receive important legal and other notices relating to your use of this site. An e-mail will be sent to the e-mail address provided during the registration process.

This contact information pertains to the account registration for this portal. All other changes to contact information should be made through the application or amendment process with the applicable Agency.

You can associate two type on contacts an “Individual” and/or and “Organization”.

Individual - Individual is a person. If you are a Sole Proprietor add yourself as an “Individual” contact.

Organization - Company, business, club, etc., that is formed for a particular purpose. Entity being licensed permitted and/or certified do business in the Commonwealth of Massachusetts. When adding an Organization contact type you will be required to provide a FEIN number.

Showing 1-1 of 1 | [Download results](#)

First Name	Middle Name	Last Name	Business Name	Contact Type	Status	Action
Kausar		A.		Individual	Approved	Actions

CHAPTER 2 - ACCOUNT MANAGEMENT

EDITING LOGIN INFORMATION

The only information that the Public User may edit through the Login Information screen is their registered email address, password and secret question and answer.

Login Information

* User Name:

* Registration E-mail Address:

* Old Password:

* New Password:

Password Strength Requirements

* Confirm Password:

* Select a Security Question:

* Answer:

Save [Back to Account Management](#)

EDITING ACCOUNT INFORMATION

Contact Information

Salutation: * First Name: Middle Name: * Last Name: Suffix:

Title:

* Primary Phone: Primary Extension:

Alternate Phone: Mobile Phone: Fax Number:

* Contact E-mail Address:

P.O. Box / Address Line:

Country:

City: State: Zip:

Save [Back to Account Management](#)

To change login/account information:

- **CHANGE** login information (if necessary)
- **CHANGE** account information answer (if necessary)
- **CLICK** Save
- **ACCOUNT** information is updated

Notes

ADDING A CONTACT

[Home](#)

[Dashboard](#)
[My Records](#)
[My Account](#)
[Advanced Search ▼](#)

Manage Your Account

Your current account information is shown below. Click an Edit button to update information within a section.

Account Type

Citizen Account

Login Information

[Edit](#)

User Name: kausar

E-mail: kausar.aktther@gcomsoft.com

Password: *****

Security Question: what is your name?

Contact Information

[Add New](#)

Please select "Add New" to provide contact information. E-mail addresses must be current in order to receive important legal and other notices relating to your use of this site. An e-mail will be sent to the e-mail address provided during the registration process.

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Organization Company, business, club, etc., that is formed for a particular purpose. Entity being licensed permitted and/or certified do business in the Commonwealth of Massachusetts. When adding an Organization contact type you will be required to provide a FEIN number.

Showing 1-1 of 1 | [Download results](#)

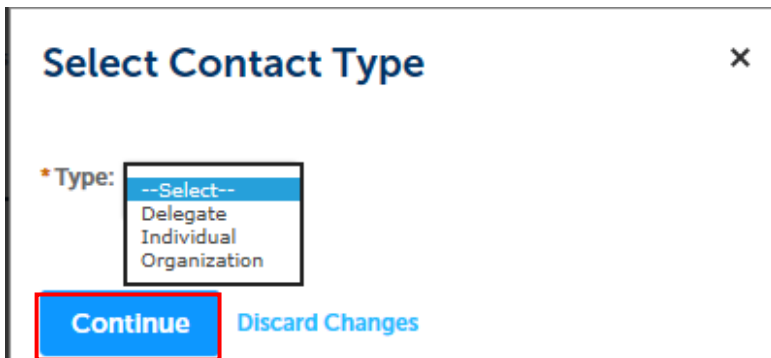
First Name	Middle Name	Last Name	Business Name	Contact Type	Status	Action
Kausar		A.		Individual	Approved	Actions ▼

To add a Contact:

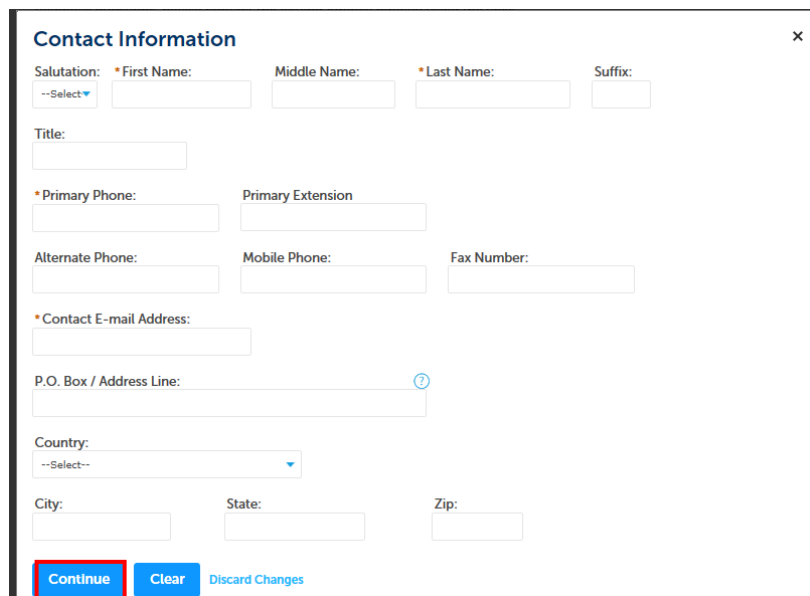
- **CLICK** Add New

Select New Contact type:

- ✓ Delegate
- ✓ Individual
- ✓ Organization



ADD NEW CONTACT INFORMATION



- **ENTER** new contact login information if contact type is individual or organization
- **ENTER** pin if contact type is delegate
- **CLICK** continue
- **NEW** Contact is Added

Notes

ANNOUNCEMENTS

Communications sent from EEA will be found in the “Announcements” link on the Account Management screen.

[Announcements](#) [Logged in as: Kausar A.](#) [Account Management](#) [Logout](#)

Need Help? For technical assistance in using this web application, please call the ePLACE Help Desk Team at (844) 733-7522 or (844) 73-ePLAC between the hours of 7:30 AM-5:00 PM Monday-Friday, with the exception of all Commonwealth and Federally observed holidays. If you prefer, you can also e-mail us at ePLACE_helpdesk@state.ma.us. For assistance with non-technical questions, please contact the Issuing Agency directly using the links below.

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Home

[Dashboard](#) [My Records](#) [My Account](#) [Advanced Search ▼](#)

Manage Your Account
Your current account information is shown below. Click an Edit button to update information within a section.

Account Type

Citizen Account

Login Information [Edit](#)

User Name: kausar
E-mail: kausar.alkther@gcomsoft.com
Password: *****
Security Question: what is your name?

Contact Information [Add New](#)

Please select "Add New" to provide contact information. E-mail addresses must be current in order to receive important legal and other notices relating to your use of this site. An e-mail will be sent to the e-mail address provided during the registration process.

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Organization Company, business, club, etc., that is formed for a particular purpose. Entity being licensed permitted and/or certified do business in the Commonwealth of Massachusetts. When adding an Organization contact type you will be required to provide a FEIN number.

Showing 1-1 of 1 | [Download results](#)

First Name	Middle Name	Last Name	Business Name	Contact Type	Status	Action
Kausar		A.		Individual	Approved	Actions ▼

Once the Announcement Link has been clicked announcements will be visible.



Make a habit of checking announcements DAILY

CHAPTER 3 - APPLY FOR PERMIT/LICENSE/AUTHORIZATION

Public user will apply for a Permit/License/Application	
Application Screen	Tasks
File an Online Application	<ul style="list-style-type: none">• Accept Terms & Conditions• Select Agency• Select Record type• Fill Application Specific Information• Upload Documents• Make Payment• Submit the Application

CHAPTER 3 – APPLY FOR PERMIT/LICENSE/AUTHORIZATION

Note
s

At the completion of this Chapter, the Public User will be able to:

- Complete a Permit/License/Authorization Application
 - Initiate an application
 - Select License Year
 - Select Licenses for purchase
 - Enter/Edit Owner Information
 - Select Payment Information
 - Understand business rules as applied to Permit/License/Authorization sales

APPLYING FOR A PERMIT/LICENSE/AUTHORIZATION

The screenshot displays the Mass.gov eLicensing and ePermitting Portal. At the top, there is a navigation bar with links for State Offices & Courts, State A-Z Topics, State Forms, and Accessibility FAQs. Below this, the portal's header includes the Mass.gov logo and the text 'An Official website of the Commonwealth of Massachusetts'. The main heading is 'eLicensing and ePermitting Portal'. A user is logged in as 'Kausar A.', with links for Announcements, Accessibility Support, Account Management, and Logout. A 'Need Help?' section provides contact information for the ePLACE Help Desk Team. A 'Convenience Fee' notice is also present. A navigation bar below the header contains links for Home, Dashboard, My Records, My Account, and Advanced Search. The main content area welcomes the user and lists actions: 'File an Online Application' (highlighted with a red box), 'Renew a License, Permit or Certificate', and 'Amend License, Permit or Certificate Information'. A note at the bottom states that the portal only services some licenses issued by Energy and Environmental Affairs (EEA).

- **CLICK** File an Online Application

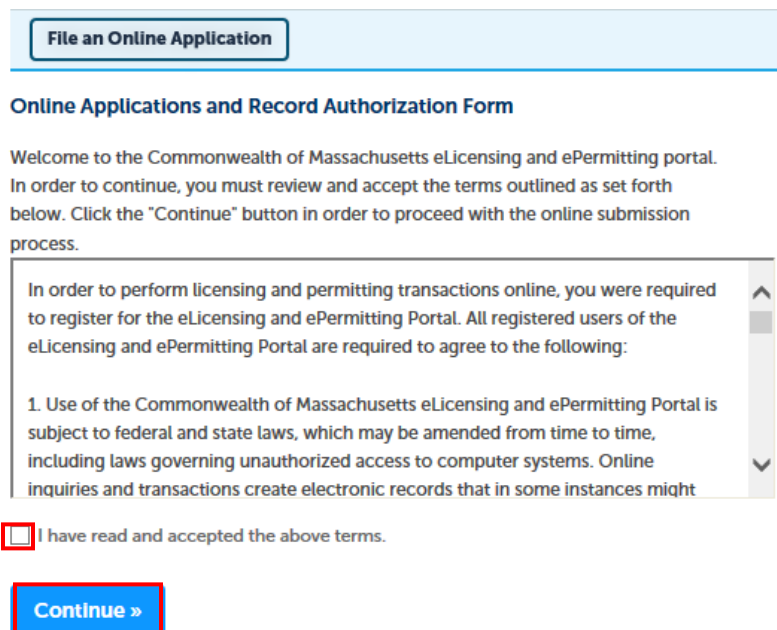
FILE AN ONLINE APPLICATION

Begin the application process by clicking on File for an Application.

STEP 1 – CLICK ON “FILE AN ONLINE APPLICATION”



STEP 2 – ACCEPT TERMS AND CLICK CONTINUE

A screenshot of a web application interface. At the top, there is a light blue header bar with a button labeled "File an Online Application". Below the header, the title "Online Applications and Record Authorization Form" is displayed. The main content area contains a welcome message and a scrollable box with terms and conditions. The terms state that users must agree to the following: 1. Use of the Commonwealth of Massachusetts eLicensing and ePermitting Portal is subject to federal and state laws, which may be amended from time to time, including laws governing unauthorized access to computer systems. Online inquiries and transactions create electronic records that in some instances might... Below the scrollable box, there is a checkbox labeled "I have read and accepted the above terms." and a blue button labeled "Continue »".

File an Online Application

Online Applications and Record Authorization Form

Welcome to the Commonwealth of Massachusetts eLicensing and ePermitting portal. In order to continue, you must review and accept the terms outlined as set forth below. Click the "Continue" button in order to proceed with the online submission process.

In order to perform licensing and permitting transactions online, you were required to register for the eLicensing and ePermitting Portal. All registered users of the eLicensing and ePermitting Portal are required to agree to the following:

1. Use of the Commonwealth of Massachusetts eLicensing and ePermitting Portal is subject to federal and state laws, which may be amended from time to time, including laws governing unauthorized access to computer systems. Online inquiries and transactions create electronic records that in some instances might

☐ I have read and accepted the above terms.

Continue »

Note

STEP 3 – SELECT PERMIT TYPE AND CLICK CONTINUE

Home

File an Online Application

eLicensing and ePermitting Online Services

New Applicants and Consumers:

The Commonwealth of Massachusetts eLicensing and ePermitting portal provides the ability to file applications for licensure & permits and submit complaints. From the listing below, please select the service you would like to use and click the continue button.

Existing Licensees or Permit Holders:

You may use the "Manage Licenses & Permits" tab to renew or amend a license or permit. NOTE: The Division of Professional Licensure's "License Amendment" service below can be used to update information, such as mailing address, across multiple licenses.

If your license or permit is not listed under the "Manage Licenses & Permits" tab, please select the "Link your online account to an existing record" option found under the "Link Your Account" section below. You will be prompted for a "record identification code" and "authorization code." This information was provided to you on your renewal notice or other recent communication from the Agency.

- ▼ **Energy and Environmental Affairs (DEP, MDAR, DCR)**
 - ☒ Apply for a DEP Authorization
 - ☐ Apply for a MDAR Authorization
 - ☐ Apply for a DCR Authorization
- ▶ Link Your Account

Continue »

STEP 4 – SELECT A RECORD TYPE AND CLICK CONTINUE APPLICATION

Home

Search Applications

Select a Record Type

Choose one of the following available record types. For assistance or to apply for a record type not listed below please contact us.

- ▶ Air Quality (AQ)
- ▶ Drinking Water (DW)
- ▶ Hazardous Waste (HW)
- ▶ Solid Waste (SW)
- ▼ **Toxic Use Reduction (TUR)**
 - ☒ TU01 - General Practice Planner Application
 - ☐ TU02 - Limited Practice Planner Application
- ▶ Waste Water Management (WWM)

Continue Application »

STEP 5 – SELECT CERTIFICATION TYPE AND CLICK CONTINUE

TU01 - General Practice Planner Application

1 Application Information	2 Documents	3 Special Fee Provision	4 Certification Information	5 Review	6
---------------------------	-------------	-------------------------	-----------------------------	----------	---

Step 1: Application Information > Page 1 of 5

Instructions

* indicates a required field.

Environmental Management System or Resource Conservation Planner Certification

Please indicate if you are also applying to certify an Environmental Management System and/or a Resource Conservation Plan (there is no additional fee for this certification).

Environmental Management System:
☐

Resource Conservation Plan:
☐

Continue Application »

Save and resume later

Note:

- Public User can click on “Instructions” to check the Permit/License/Authorization information and instructions to fill out the application.
- Public User has ability to save the application and can fill out the remaining application later (Save and Resume).

Notes

STEP 6 – ENTER APPLICATION SPECIFIC INFORMATION, ADD EMPLOYMENT EXPERIENCE, CLICK CONTINUE APPLICATION

TU01 - General Practice Planner Application

1 Application Information	2 Documents	3 Special Fee Provision	4 Certification Information	5 Review	6
---------------------------	-------------	-------------------------	-----------------------------	----------	---

Step 1: Application Information > Page 2 of 5

* Indicates a required field.

Related Work Experience

Select all related work experience(s) that apply, and describe how the work relates to the skills or knowledge required per 310 CMR 50.52(1).

Engineering and Process Control:
☐

Manufacturing and Production quality control:
☐

Environmental compliance or worker health and safety:
☐

Accounting, business, administration or product marketing:
☐

Planning Industrial design or research and development:
☐

Managerial or legal:
☐

Other Experience:
☐

Toxics Use Reduction Planner Course and Exam Information

I completed to the satisfaction of the offering educational institution a MassDEP approved Toxic Use Reduction Planner Course within the last two calendar years and will attach my course Verification Record and, if applicable, proof that I passed the exam.:
☐

Employment Experience

EMPLOYMENT EXPERIENCE

Showing 0-0 of 0

Company Name	Job Title	Hours per week	Number of Weeks	Supervisor Name	Supervisor Title	Supervisor Phone Number	Supervisor Email
No records found.							

Add a Row
Edit Selected
Delete Selected

[Continue Application »](#)

[Save and resume later](#)

Page 23

STEP 7 – ENTER APPLICATION SPECIFIC INFORMATION, ADD EDUCATIONAL SUBSTITUTION INFORMATION, CLICK CONTINUE APPLICATION

TU01 - General Practice Planner Application

1 Application Information	2 Documents	3 Special Fee Provision	4 Certification Information	5 Review	6
---------------------------	-------------	-------------------------	-----------------------------	----------	---

Step 1: Application Information > Page 3 of 5 * Indicates a required field.

Total Employment Experience

Total Hours of Experience:

Years Equivalents:

Educational Substitution

Education may substitute for up to five (5) years of the required work experience. Please refer to the Instructions link <http://www.mass.gov/eea/agencies/massdep/toxics/regulations/310-cmr-50-00-toxics-use-reduction-regulations.html> as well as 310 CMR 50.52(3) for more information on educational substitutions. If you are seeking educational substitution attach a photocopy of proof of attainment of your highest relevant degree or certificate (a transcript may be used if it clearly states attainment of degree or certificate.) You should only list highest relevant degree received.


* Are you seeking to substitute education for some of the required experience?:
☐ Yes ☐ No

Name of Institution:

City/State/Country:

Major:

Year Graduated:

Degree: 

Note S

STEP 8 – ENTER EMC CERTIFICATION DETAILS, ADD EMS COURSE DETAILS, CLICK CONTINUE APPLICATION

TU01 - General Practice Planner Application

1 Application Information	2 Documents	3 Special Fee Provisions	4 Applicant and Contributors	5 Review	6
---------------------------	-------------	--------------------------	------------------------------	----------	---

Step 1: Application Information > Page 4 of 5

* indicates a required field.

Environmental Management System Certification

In order for a General Practice TUR Planner to certify an Environmental Management System (EMS) for any facility, the planner would need to be accredited or certified under a recognized Environmental Management System Standard OR have 16 one-time continuing education credits on EMS.

I have been accredited or certified under a national, international, or other recognized EMS Standard and will attach proof of such accreditation/certification:

☐

I have earned EMS continuing education credits from the Massachusetts Toxics Use Reduction Program and I will attach proof of such credits:

☐

I have earned EMS continuing education credits from an organization other than the Massachusetts Toxics Use Reduction Program have already been approved for credit and will attach proof of these credits:

☐

I have earned EMS continuing education credits from an organization other than the Massachusetts Toxics Use Reduction Program that have not yet been approved for credits and will attach documentation describing the course and credits requested:

☐

Environmental Management System Course Details

EMS - TUR COURSE DETAILS

"Please list and describe the continuing education courses completed to satisfy the requirement for 16 continuing education credits in EMS"

Showing 0-0 of 0

Name of Institution	Course Title	Date Completed	# Hours	Credits Requested	Description
No records found.					

Add a Row



Edit Selected

Delete Selected

Continue Application >

Save and resume later

STEP 9 – CLICK BROWSE AND UPLOAD DOCUMENT, CLICK CONTINUE APPLICATION

Note
S

TU01 - General Practice Planner Application

1 Application Information	2 Documents	3 Special Fee Provisions	4 Applicant and Contributors	5 Review	6
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Step 2: Documents > Page 1 of 1

Your certification credit request MUST be supported by documentation, which should be attached to this application. Such documentation should describe the courses or events listed and the hours in attendance, e.g., a course syllabus or event itinerary and a copy of the sign-up sheet or certificate of completion for each course.

* indicates a required field.

List of Documents

Documents:

Please upload 4 Required Document(s) which are mandatory to Submit this Application:

1. Copy of Accreditation/Certification for EMS
2. Copy of letter from MassDEP verifying that TUR exam was passed
3. Proof of all claimed continuing education credits in EMS Planning (documenting attendance and issued by course provider)
4. TUR Planner course certificate

Attach Documents

The maximum file size allowed is 100 MB.

Name	Type	Size	Latest Update	Description	Action
No records found.					

Browse

Continue Application »

Save and resume later

Note
S**STEP 10 – UPDATE SPECIAL FEE PROVISION, CLICK CONTINUE APPLICATION**

TU01 - General Practice Planner Application

1 Application Information	2 Documents	3 Special Fee Provisions	4 Applicant and Contributors	5 Review	6
---------------------------	-------------	--------------------------	------------------------------	----------	---

Step 3: Special Fee Provisions > Page 1 of 1

* indicates a required field.

Special Fee Provisions

Check if applicable:
Exemption: ?
☐
Exclusion (special agreement or policy): ?
☐
Substitution (ASP/IRP): ?
☐
Double Fee for Enforcement: ?
☐
Hardship payment extension request: ?
☐

Continue Application »

Save and resume later

Page 27

STEP 11 – UPDATE CERTIFICATION INFORMATION, CLICK CONTINUE APPLICATION

TU01 – General Practice Planner Application

1	2 Documents	3 Special Fee Provisions	4 Applicant and Contributors	5 Review	6 Application Submitted
---	-------------	--------------------------	------------------------------	----------	-------------------------

Step 4: Applicant and Contributors > Page 1 of 1 * Indicates a required field.

Application Contributors

A List of Registered Users that have Viewed, Edited, and/or Signed this Application

Showing 0-0 of 0

Name	Organization Name	Contact Person	Telephone #	E-mail	Action
No records found.					

Published Information

Information from this application will be made available to the public. By default, the information listed below is from your account profile. To make changes to your account profile, save/resume this form, go to Account Management, and make the changes. When you next access this form, those changes will now appear. First name, middle name (if provided) and last name can only be edited through your account profile. Phone #, email, company name and address fields may be edited on this form without updating your account profile. Please note that EITHER an email address or a phone number must be provided. City, State and Zip code are also required fields.

<p>* First Name:</p> <input type="text"/>	<p>Middle Name:</p> <input type="text"/>
<p>* Last Name:</p> <input type="text"/>	<p>* Telephone Number:</p> <input type="text"/>
<p>* E-mail Address:</p> <input type="text"/>	<p>* PO Box/ Address:</p> <input type="text"/>
<p>* State:</p> <input type="text"/>	<p>* Zip Code:</p> <input type="text"/>
<p>* Company Name:</p> <input type="text"/>	

Applicant Information

To review or certify this application, click on the "Continue Application" button. For most applications, if you are not the applicant, you will only be able to review. After reviewing, you will need to click on the "Save and resume later" button, and have the applicant log-in to certify.

Applicant Information:

Name: A.
 1 Winter St.
 Boston, MA, 02108
 Telephone #: 347-256-4857 Email: kausar.athar@gcomsoft.com

[Edit or View](#)

Continue Application >

Save and resume later

Note S

STEP 12 – REVIEW PAGE, CLICK CONTINUE APPLICATION

TU01 - General Practice Planner Application

1	2 Documents	3 Special Fee Provisions	4 Applicant and Contributors	5 Review	6 Application Submitted
---	-------------	--------------------------	------------------------------	----------	-------------------------

Step 5: Review

[Continue Application »](#)

[Save and resume later](#)

Please review all information below. Click the "Edit Application" button to make changes, if needed.

Review and Certification

[Edit Application](#)

Environmental Management System or Resource Conservation Planner Certification

Environmental Management System: Yes
Resource Conservation Plan: Yes

Related Work Experience

Engineering and Process Control: Yes
Description of applicant's experience in Engineering and Process Control: Test
Manufacturing and Production quality control: No
Environmental compliance or worker health and safety: No
Accounting, business, administration or product marketing: No
Planning Industrial design or research and development: No
Managerial or legal: No
Other Experience: No

Toxics Use Reduction Planner Course and Exam Information

I completed to the satisfaction of the offering educational institution a MassDEP approved Toxic Use Reduction Planner Course within the last two calendar years and will attach my course Verification Record and, if applicable, proof that I passed the exam.: Yes

Employment Experience

EMPLOYMENT EXPERIENCE

Company Name	Job Title	Hours per week	Number of Weeks	Supervisor Name	Supervisor Title	Supervisor Phone Number	Supervisor Email
1990	Software Engineer	40	40	90 William ST	90 William ST	2674415656	gudipudi.varunkumare@gmail.com

Total Employment Experience

Total Hours of Experience: 40
Years Equivalents: 0.02

Educational Substitution

Are you seeking to substitute education for some of the required experience?: No

Name of Institution:

City/State/Country:

Major:

Year Graduated:

Degree:

Environmental Management System Certification

I have been accredited or certified under a national, international, or other recognized EMS Standard and will attach proof of such accreditation/certification: Yes

I have earned EMS continuing education credits from the Massachusetts Toxics Use Reduction Program and I will attach proof of such credits.: No

education credits in EMS Planning (documenting attendance and issued by course provider) 4. Proof of all claimed continuing education credits in RC Planning (documenting attendance and issued by course provider) 5. TUR Planner course certificate.

Attach Documents

The maximum file size allowed is 100 MB.

Name	Type	Size	Latest Update	Description	Action
AA-TU01-TUR Notice issues.docx	Proof of all claimed continuing education credits in RC Planning (documenting attendance and issued by course provider)	31.99 KB	01/09/2017	Test	Actions ▼
SW48 amendment not connecting to parent record (1).docx	Proof of all claimed continuing education credits in EMS Planning (documenting attendance and issued by course provider)	49.45 KB	01/09/2017	Test	Actions ▼
TU01_conditions not getting into approval (1).docx	Copy of Accreditation/Certification for EMS	99.78 KB	01/09/2017	Test	Actions ▼
TU01_conditions not getting into approval.docx	Copy of letter from MassDEP verifying that TUR exam was passed	99.78 KB	01/09/2017	Test	Actions ▼
GCOM JIRA (6).csv	TUR Planner course certificate	4.31 KB	01/09/2017	Test	Actions ▼

Special Fee Provisions

Exemption:	No
Exclusion (special agreement or policy):	No
Substitution (ASP/IRP):	No
Double Fee for Enforcement:	No
Hardship payment extension request:	No

Application Contributors

Showing 0-0 of 0

Name	Organization Name	Contact Person	Telephone #	E-mail	Action
No records found.					

Published Information

First Name: Kausar	Middle Name:
Last Name: Akther	Telephone Number: 7188964523
E-mail Address: kausar.akther@gcomsoft.com	PO Box/ Address:
City/Town: Boston	State: MA
Zip Code: 02108	Company Name:

Applicant Information

Individual Kausar Akther 1 Winter St1 Boston, MA, 02108 United States Ext #:12	Telephone #: 718-896-4523 E-mail: kausar.akther@gmail.com
---	--

"I certify that, to the best of my knowledge, all information presented in this application is true in substance and effect."

☒ I agree that I am the Applicant.
If you are not the Applicant then click on 'Save and resume later' button.

Date Signed:

[Continue Application »](#)

[Save and resume later](#)

STEP 12 – PAYMENT PAGE (USER HAS OPTION TO PAY ONLINE OR PAY BY MAIL), CLICK

CONTINUE APPLICATION

TU01 - General Practice Planner Application

1	2	3 Special Fee Provisions	4 Applicant and Contributors	5 Review	6 Pay Fees	7 Application Submitted
---	---	--------------------------	------------------------------	----------	------------	-------------------------

Step 6: Pay Fees

Listed below is the fee for the authorization that you are applying for. The following screen will display your total fees.

Payment may be made by electronic check or credit card for a nominal processing fee. The electronic check fee is \$0.35 per transaction. Credit card payments are 2.35% per transaction. Clicking on the PAY ONLINE button will bring you to the secure online payments portal. Once you have made payment, you will be returned to your application for submittal.

Payment may also be made by mail. However, review of your permit will not begin until payment is received. By clicking on the Pay by Mail button, you will have submitted your application. You will receive a notification email with the location and address to send your payment. That information is also available in the instructions for this authorization.

Application Fees

Fees	Amount
TU01 Application Fee	\$500.00

\$500.00


[Pay Online »](#)

[Pay by Mail »](#)


Note:

You have option to pay online or pay by mail. System will show the below payment page if you click on the Pay Online button and if you click pay by mail, please follow the instructions received on your email notification on how to send your check.


STEP 12 – UPDATE PAYMENT INFORMATION AND SUBMIT PAYMENT




This is an official application of the Commonwealth of Massachusetts
[Massachusetts Department of Environmental Protection](#)



Executive Office of Energy
and Environmental Affairs





Department of Environmental Protection

1 Winter Street Boston, Massachusetts 02108
Phone 617-292-5999

Payment

You have elected to pay for the following item(s).

Description	Item Number	Amount
DEP/TUR/General Practice TUR Planner/Application	16TMP-004414	\$500.00
		\$500.00
		Total Convenience Fee Due: \$11.75
		Total Amount Due: \$511.75

Billing Information

Payment on Behalf of

Enter Company OR First and Last Name below.

Company Name

First Name

Last Name

Street

City

State/Territory

Zip

Phone Number

Email

Confirm Email

Payment Information

To pay by electronic check, click the ACH tab.

Card Type

Card Number

CVV Code

Expiration

Check to accept to both the Mass DEP and nCourt Terms Agreements.
☐ I Accept

Terms Agreement

For all payment methods, the email acknowledgment sent back to the customer after "I Accept" must include a contact telephone number at the merchant entity.

[nCourt Terms Agreement](#)

Please click the Back button to return to the DEP website.

Complete all the details on the above page and click on the **Submit Payment** button. System will process the Payment and shows the below screen if payment is successfully processed.

Notes

ONCE USER SUBMITS THE APPLICATION, RECORD NUMBER IS GENERATED.

Search Applications

TU01 - General Practice Planner Application

1	2	3	Special Fee Provision	4	Certification Information	5	Review	6	Pay Fees	7	Record Issuance
---	---	---	-----------------------	---	---------------------------	---	--------	---	----------	---	-----------------

Step 7: Record Issuance

Successfully Completed.

Thank you for using our online services.
Your Record Number is 16-TU01-000037.

You will need this number to check the status of your application.

CHAPTER 4 – FACILITY

Searching /adding a facility	
Application Screen	Tasks
Searching /Adding a Facility	<ul style="list-style-type: none">• ENTER Facility Name and other details• CLICK Search

Notes

At the completion of this Chapter, the Public User will be able to:

- Search a Facility
- Add a Facility

SEARCH/ADD - FACILITY

To obtain an authorization, it is necessary to add a Facility or search a Facility from the existing database.

* indicates a required field.

Facility Information

[Use map to select Address](#)

Instructions:

You must identify the facility for which you are completing this application. Enter the facility name, or portion of the name, in the "Name" box and click on "Search". Your search will return a list of facilities and addresses that meet your search criteria. If your facility is on this list, select it by clicking the button to the left of the name. If your facility is not on the list, you may search again, by pressing "Clear" and using different criteria. For example, try a new search using street address. If you know your DEP Facility ID, you may enter it in the applicable box and click on "Search". The facility information will populate the boxes. If this is a new facility, press the "Clear" button, and enter the information for the facility into the boxes provided (boxes with an asterisk are required), and continue to the next section without clicking on "Search".

* Facility Name:

* Street # * Street Name: Street Name 2

* City: ? * State: ? * Zip: ?

Latitude Longitude

DEP Facility ID: ?

AQ ID: ?

[Search](#)

[Clear](#)

- **ENTER** Facility Name and other details
- **CLICK** Search

NOTE: System will search for a facility using the details entered. If no facility is found in database, system will create a new facility using the information entered in the search page.

Notes

Once “search” is clicked, System will display matching results. User will select the preferred facility.

Address Search Result List



Facility(s)

Showing 1-4 of 4

Facility Name Street No. Street Name	City	State	Zip
<input checked="" type="radio"/> FACILITY NUMBER 60 60 CAMBRIDGE STREET	BOSTON	MA	02114
<input type="radio"/> FACILITY NUMBER 62 62 WINTER STREET	BOSTON	MA	01245
<input type="radio"/> FACILITY NUMBER 63 63 SUMMER STREET	BOSTON	MA	04517
<input type="radio"/> FACILITY NUMBER 66 66 CAMBRIDGE STREET	BOSTON	MA	02114

Associated Parcels

Showing 0-0 of 0

Parcel Number	Lot	Block	Subdivision
No records found.			

Select

Cancel

Once a Facility is selected, system will populate the form with Facility information.

* Facility Name:

FACILITY NUMBER 60

* Street #

60

* Street Name:

CAMBRIDGE STREET

Street Name 2

* City:

BOSTON

* State:

MA

* Zip:

02114

Latitude

0

Longitude

0

DEP Facility ID:

16-FAC-000167

AQ ID:

null

Search

Clear

NOTE: System will search for a facility using the details entered. If no facility is found in database, system will create a new facility using the information entered in the search page.

Once, facility is added, user will continue with his/her application.

CHAPTER 5 – MAKING ONLINE PAYMENT

Making Online Payment	
Application Screen	Tasks
Select Pay Method	<ul style="list-style-type: none">• SELECT Authorization• FILL the application• CLICK “Continue Application” on the Pay Fees page
Submit Payment	<ul style="list-style-type: none">• ENTER Payment Information• SUBMIT Payment

CHAPTER 5 – MAKE ONLINE PAYMENT (ePAY)

Notes

At the completion of this Chapter, the Public User will be able to:

- Make Payment Online

Last step to complete an application is FEES. In ePLACE PORTAL, user can pay Fee by making an online payment or by paying through mail. This Chapter will talk about making online payment.

STEP 1 – USER REACHED THE PAYMENT PAGE, USER WILL CLICK “CONTINUE APPLICATION” TO PAY ONLINE

TU01 - General Practice Planner Application

1	2	3 Special Fee Provisions	4 Applicant and Contributors	5 Review	6 Pay Fees	7 Application Submitted
---	---	--------------------------	------------------------------	----------	------------	-------------------------

Step 6: Pay Fees

Listed below is the fee for the authorization that you are applying for. The following screen will display your total fees.

Payment may be made by electronic check or credit card for a nominal processing fee. The electronic check fee is \$0.35 per transaction. Credit card payments are 2.35% per transaction. Clicking on the PAY ONLINE button will bring you to the secure online payments portal. Once you have made payment, you will be returned to your application for submittal.

Payment may also be made by mail. However, review of your permit will not begin until payment is received. By clicking on the Pay by Mail button, you will have submitted your application. You will receive a notification email with the location and address to send your payment. That information is also available in the instructions for this authorization.

Application Fees

Fees	Amount
TU01 Application Fee	\$500.00

\$500.00

Pay Online »

Pay by Mail »

- **SELECT** Authorization
- **FILL** the application
- **CLICK** “Continue Application” on the Pay Fees page

STEP 2 – UPDATE PAYMENT INFORMATION AND CLICK SUBMIT

This is an official application of the Commonwealth of Massachusetts
Massachusetts Department of Environmental Protection

Executive Office of Energy and Environmental Affairs

Mass.gov

1 Winter Street Boston, Massachusetts 02108
Phone 617-292-5999

Department of Environmental Protection

Payment

You have elected to pay for the following item(s).

Description	Item Number	Amount
DEP/TUR/General Practice TUR Planner/Application	16TMP-004414	\$500.00
		\$500.00
Total Convenience Fee Due:		\$11.75
Total Amount Due:		\$511.75

Billing Information

Payment on Behalf of

Enter Company OR First and Last Name below.

Company Name
Enter Company Name

First Name
Enter First Name

Last Name
Enter Last Name

Street
Enter Street

City
Enter City

State/Territory
Select State

Zip
Enter Zip

Phone Number
() -

Email
Enter Email Address

Confirm Email
Enter Email Address

Payment Information

To pay by electronic check, click the ACH tab.

Card Type
Credit/Debit Card ACH

Card Type
Select Card Type

Card Number
Enter Card Number

CVV Code
Enter CVV Code

Expiration
01 2016

Check to accept to both the Mass DEP and nCourt Terms Agreements.
☐ I Accept

Terms Agreement

For all payment methods, the email acknowledgment sent back to the customer after "I Accept" must include a contact telephone number at the merchant entity.

[nCourt Terms Agreement](#)

Please click the Back button to return to the DEP website.

Back

Submit Payment

- **ENTER** Payment Information
- **ENTER** Billing Information
- **SUBMIT** Payment
- **PAYMENT** Applied
- **RECORD** Created

Note: A Service Fee of 2.35% of the Transaction amount or 35 Cents will be charged for Credit/Debit and ACH respectively.

CHAPTER 6 – DELEGATING A RECORD/APPLICATION

Delegating a record/application.	
Application Screen	Tasks
Delegate PIN	<ul style="list-style-type: none">• Submit an application.• Fill and save an application till certification page.
Adding a Delegate	<ul style="list-style-type: none">• CLICK Add a Contact• SELECT Delegate• CLICK Continue• Enter Delegate PIN
Resume Application	<ul style="list-style-type: none">• Select TEMP Application/Record• Click “Resume Application”
Deleting a Delegate	<ul style="list-style-type: none">• Call ePLACE help desk and ask them to delete the delegate.• Provide any details that are requested by the ePLACE help desk.• ePLACE help desk will delete the delegate for you and provide you a new pin for future use.

Notes

At the completion of this Chapter, the Public User will be able to:

- Delegate a record

Delegate PIN

From: Auto_Sender@Accela.com
Sent: Mon, Jul 18, 2016 at 3:24 pm
To: prem.prakash@gcomsoft.com

Please use this PIN: 082091658471 to delegate TU01 - General Practice Planner Application application 16-TU01-000043-APP to some other user.

NOTE: System sends an email with “**Delegate PIN**” to the email ID used during registration when a record/application is saved (Save and Resume) or after record submission in THE EPLACE PERMITTING PORTAL. Public user can add a “**Delegate Contact**” to the application using this PIN.

ADDING A DELEGATE

Once “Delegate PIN” is received via email. Second user will login to THE EPLACE PERMITTING PORTAL using his/her credentials. User will go to “Account Management” page & will click “Add New”

Announcements Logged in as: prem prakash Account Management Logout

Need Help? For technical assistance in using this web application, please call the ePLACE Help Desk Team at (844) 733-7522 or (844) 73-ePLAC between the hours of 7:30 AM-5:00 PM Monday-Friday, with the exception of all Commonwealth and Federally observed holidays. If you prefer, you can also e-mail us at ePLACE_helpdesk@state.ma.us. For assistance with non-technical, please contact the issuing Agency directly using the links below.

Contact [Energy and Environmental Affairs](#)

Translation Information - [Click Here](#)

Convenience Fee: Please note there will be a convenience fee for all online credit card transactions. There is also a nominal fee for online payment by check.

Home

Dashboard My Records My Accounts Advanced Search

Manage Your Account
Your current account information is shown below. Click an Edit button to update information within a section.

Account Type

Citizen Account

Login Information [Edit](#)

User Name: prem
E-mail: prem.prakash@comcast.com
Password: *****
Security Questions: fav color

Contact Information [Add New](#)

Select Contact type as “Delegate”

Select Contact Type X

*Type: --Select--
Delegate
Individual
Organization

[Continue](#) [Discard Changes](#)

To add a Delegate:

CLICK Add a Contact
SELECT Delegate
CLICK Continue

Notes

ENTER DELEGATE PIN

Contact Information

* PIN

Continue

Clear

[Discard Changes](#)

- **ENTER** Delegate PIN
- **CLICK** Continue

DELEGATE USER ADDED

Account Type

Citizen Account

Login Information

[Edit](#)

User Name: Peter.Smith
 E-mail: peter.smith@fake.com
 Password: *****
 Security Question: fav color

Contact Information

[Add a Contact](#)Showing 1-3 of 3 | [Download results](#)

First Name	Middle Name	Last Name	Business Name	Contact Type	Status	Action
Emma		Smith		Individual	Approved	Actions ▼
Delegate User		16-WS10-000421-APP			Approved	Actions ▼
Peter	J	Smith		Individual	Approved	Actions ▼

NOTE: Delegate User is added under the contacts. Same record will add to user's record list. User can click on "Resume Application" against that Temp Record and can continue till Certification Page.

CHAPTER 7 – CHECK STATUS OF A RECORD

The purpose of this Chapter is to show Public user – “How to check status of an application?”	
Application Screen	Tasks
Check Status of a record	<ul style="list-style-type: none">• LOGIN to your account• CLICK “My Records” on the HOME page• Check status in status column

CHAPTER 7 – CHECKING STATUS OF AN RECORD

Notes

At the completion of this Chapter, the Public User will be able to:

- Check status of a Record

Home

Dashboard My Records My Account Advanced Search

DEP

Show on Map

Showing 1-8 of 8 | Download results | Add to collection

<input type="checkbox"/>	Date	Identifying Number	Record Type	Description	Project Name	Expiration Date	Status	Action
<input type="checkbox"/>	07/18/2016	16-TU01-000042-APP	TU01 - General Practice Planner Application		16-TU01-000042-APP	07/18/2016	In Review	
<input type="checkbox"/>	07/18/2016	16-TU01-000038-AMD	TU01 - General Practice TUR Planner Amendment		16-TU01-000038-AMD		Payment Pending	Pay Fees
<input type="checkbox"/>	07/18/2016	16-TU01-000039-AMD	TU01 - General Practice TUR Planner Amendment		16-TU01-000039-AMD		Payment Pending	Pay Fees
<input type="checkbox"/>	07/18/2016	16-TU01-000040-AMD	TU01 - General Practice TUR Planner Amendment		16-TU01-000040-AMD		Payment Pending	Pay Fees
<input type="checkbox"/>	07/18/2016	16-TU01-000041-AMD	TU01 - General Practice TUR Planner Amendment		16-TU01-000041-AMD		Payment Pending	Pay Fees
<input type="checkbox"/>	07/18/2016	16TMP-007498	TU01 - General Practice TUR Planner Amendment		16-TU01-000037-APP			Resume
<input type="checkbox"/>	07/14/2016	16-TU01-000037-APP	TU01 - General Practice Planner Application		16-TU01-000037-APP	07/14/2016	Approved	
<input type="checkbox"/>	07/14/2016	TU01-000028	TU01 - General Practice TUR Planner Authorization			01/01/2018	Active	Actions

- LOGIN to your account
- CLICK “My Records” on the HOME page
- Check status in status column

CHAPTER 8 – EDITING AN APPLICATION

Notes

At the completion of this Chapter, Public User will be able to:

- Edit an Application

[Home](#)

[Dashboard](#) [My Records](#) [My Account](#) [Advanced Search](#)

Records

[Show on Map](#)

Showing 1-10 of 100+ | [Download results](#) | [Add to collection](#)

<input type="checkbox"/>	Date	Identifying Number	Record Type	Project Name	Status	Action
<input type="checkbox"/>	12/05/2016	16TMP-004409	TU02 - Limited Practice Planner Application			Resume Application
<input type="checkbox"/>	12/05/2016	16-AQ5025-000239-APP	50% or 25% Facility Emission Cap Application	AQ 50-25 Emission Cap	In Review	
<input type="checkbox"/>	12/05/2016	16TMP-004414	TU01 - General Practice Planner Application			Resume Application
<input type="checkbox"/>	12/05/2016	16-HWXX-000126	Notification of on-site recycling activity	Hazardous Waste on-site Recycling Notification	In Review	
<input type="checkbox"/>	12/05/2016	16-FAC-000110	Facility Record	Facility	In Review	
<input type="checkbox"/>	12/05/2016	16-TU02-000165-APP	TU02 - Limited Practice Planner Application	Limited Practice TUR Planner	In Review	Edit
<input type="checkbox"/>	12/02/2016	16-SW48-000170-APP	SW48 - Third-Party Inspector Qualifications Statement Application	Solid Waste 3rd Party Certification	Approved	

Click on the “Edit” Button system will show the review page of the application again. Edit the section that need to be updated and click on the Submit Updated Information. Applicant should certify once again before he submits the Update Info.

[Home](#)

[Search Applications](#)

TU02 - Limited Practice Planner Application

1	2	3 Documents	4 Special Fee Provisions	5 Applicant and Contributors	6 Review	7 Application Submitted
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Step 6 : Review

[Submit Updated Information](#)

Please review all information below. Click the "Edit" buttons to make changes to sections or "Submit Updated Information" to submit.

Review and Certification

Facility Information

ACTION ENVIRONMENTAL INC | 10 | SEYON ST
DEP Facility ID: 16-FAC-000110
DEP Region: NE
HW ID: MV7818939922

Additional Facility Information

ADDITIONAL FACILITY INFO

No Custom Lists data for the sub group above.

[Edit](#)

Employment Information

Environmental Management System: No
Resource Conservation Plan: No

[Edit](#)

Related Work Experience

Engineering and Process Control: No
Manufacturing and Production quality control: No
Environmental compliance or worker health and safety: No
Accounting, business, administration or product marketing: Yes
Description of applicant's experience in Accounting, business, administration or product marketing: Adrienne Vittadini
Planning Industrial design or research and development: No
Managerial or legal: No
Other Experience: No

[Edit](#)

Employment Experience

EMPLOYMENT EXPERIENCE

[Edit](#)

Company Name	Job Title	Hours per week	Number of Weeks	Supervisor Name	Supervisor Title	Supervisor Phone Number	Supervisor Email
HartMart Medical Center	MD	60	6000	Dr. Tahir Chudary	MD	2123697896	

Total Employment Experience

[Edit](#)

Total Hours of Experience: 360000
Years Equivalents: 180

Education Substitution

[Edit](#)

Are you seeking to substitute education for some of the required experiences?: No

If yes, how many years are you seeking?:

Name of Institution:

City/State/Country:

Major:

Year Graduated:

Degree:

Demonstrated Experience in Toxics Use Reduction

[Edit](#)

Are you claiming at least 2 yrs of experience in TUR activities according to regulations?: No

Have you attended and completed the Toxics Use Reduction Planner course?: No

Experience in Toxics Use Reduction and other related activities.

[Edit](#)

Process Characterization:

Start Date:

End Date:

Options Identification:

Start Date:

End Date:

Technical Evaluation:

Start Date:

End Date:

- - - -

Toxics Use Reduction Planner Course and Exam Information

Edit

I completed to the satisfaction of the offering educational institution a MassDEP approved Toxic Use Reduction Planner Course within the last two calendar years, and will attach my course Verification Record and, if applicable, proof that I passed the exam: No

I have attached the letter that indicates that I have passed the MassDEP TUR Planner exam: No

Demonstrate two (2) years of Environmental Management Systems Experience.

DEMONSTRATE 2 YEARS OF EMS EXP

Edit

No Custom Lists data for the sub group above.

Environmental Management System Certification

Edit

I have been accredited or certified under a national, international, or other recognized EMS Standard and will attach proof of such accreditation/certification:

I have earned EMS continuing education credits from the Massachusetts Toxics Use Reduction Program and I will attach proof of such credits:

I have earned EMS continuing education credits from an organization other than the Massachusetts Toxics Use Reduction Program have already been approved for credit and will attach proof of these credits:

I have earned EMS continuing education credits from an organization other than the Massachusetts Toxics Use Reduction Program that have not yet been approved for credits and will attach documentation describing the course and credits requested:

Environmental Management System Course Details

EMS -TUR COURSE DETAILS

Edit

No Custom Lists data for the sub group above.

Resource Conservation Plan Certification Info

Edit

I have earned continuing education credits in Resource Conservation from the Massachusetts Toxics Use Reduction Program and will attach proof of these credits:

I have earned continuing education credits in Resource Conservation from an organization other than the Massachusetts Toxics Use Reduction Program Non-TUR Course that have already been pre-approved for credit and will attach proof of the requested credits:

I have earned continuing education credits in Resource Conservation offered by an organization other than the Massachusetts Toxics Use Reduction Program that have not yet been approved for credit and will attach documentation describing the cause and credits requested:

Special Fee Provisions

Exemption: Yes
Exemption Type: City/Town/County Government

[Edit](#)

Application Contributors

[Edit](#)

Showing 1-1 of 1

Name	Organization Name	Contact Person	Telephone #	E-mail	Action
Delegate User 16-TU02-000165-APP					Edit/View

Published Information

First Name: Kausar
Last Name: A.
E-mail Address: kausar.akther@gcomsoft.com
City/Town: Boston
Zip Code: 02108

Middle Name:
Telephone Number: 3472564857
PO Box/ Address: 1 Winter St.
State: MA
Company Name: 15-FAC-369270

[Edit](#)

Applicant Information

[Edit](#)

Kausar A.
1 Winter St.
Boston, MA, 02108
United States
Ext #:12

Telephone #:347-256-4857
E-mail:kausar.akther@gcomsoft.com

"I certify that I have personally examined the foregoing and am familiar with the Information contained in this document and that, based on my inquiry of those individuals immediately responsible for obtaining the Information, I believe that the Information is true, accurate, and complete. I am aware that there are significant penalties for submitting false Information, including possible fines and imprisonment"

☒ I agree that I am the Applicant.
If you are not the Applicant then click on 'Save and resume later' button.

Date Signed:

[Submit Updated Information](#)

CHAPTER 9 – AMEND/RENEW A PERMIT/LICENSE/AUTHORIZATION

Public user will amend/renew a Permit/License/Application	
Application Screen	Tasks
Amend a Record	<ul style="list-style-type: none">• Identify Record• Select Record to Amend• Amend Application Specific Information• Upload Documents• Make Payment• Submit the Application
Renew a Record	<ul style="list-style-type: none">• Identify Record• Select Record to Renew• Enter Re-certification Information• Upload Documents• Make Payment• Submit the Application

CHAPTER 9 – AMEND/RENEW A PERMIT/LICENSE/AUTHORIZATION

Notes

At the completion of this Chapter, Public User will be able to:

- Amend a Permit/License/ Authorization
- Renew a Permit/License/Authorization

- **LOGIN**
- **CLICK** on “My Records” on Home Page
- **CLICK** on DEP to see records

Home

Dashboard My Records My Account Advanced Search

DEP

Show on Map

ing 11-12 of 12 | Download results | Add to collection

Identifying Number	Project Name	Project Description	Date	Record Type	Related Records	Status	Action
SW48-000011			08/18/2016	SW48 - Third-Party Inspector Qualifications Statement Authorization	1	Active Renewal: Deferred Payment	Amendment
16-WS10-000480-AMD			08/18/2016	WS10 - Cross Connection Certification Amendment	1	Payment Pending	Pay Fees Due

< Prev 1 2 Next >


- **IDENTIFY** the record you want to amend
- **CLICK** “Amendment”

STEP 1 – SELECT THE AMENDMENT TYPE, CLICK CONTINUE APPLICATION

Search Applications

Select an Amendment Type

Choose one of the following available amendment types. For assistance or to apply for an amendment type not listed below please contact us.

 [Search](#)

- ▶ AQ01 Amendment
- ▶ Modeling Sample Amendment
- ▶ SW48 Amendment
- ▼ TURA Amendment
 - ☒ TU01 - General Practice TUR Planner Amendment
 - ☐ TU02 : Limited Practice TUR Planner Amendment
- ▶ WS10 Amendment

[Continue Application »](#)

STEP 2 – AMEND APPLICATION INFORMATION, CLICK CONTINUE APPLICATION

Search Applications

TU01 - General Practice TUR Planner Amendment

1 Application Information	2 Documents	3 Special Fee Provision	4 Certification Information	5 Review	6
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Step 1: Application Information > Page 1 of 5

[Instructions](#)

* indicates a required field.

Environmental Management System or Resource Conservation Planner Certification

Please indicate if you are also applying to certify an Environmental Management System and/or a Resource Conservation Plan (there is no additional fee for this certification).

Environmental Management System:
☒

Resource Conservation Plan:
☐

[Continue Application »](#) [Save and resume later](#)

NOTE: System will navigate user through the entire Application Process and user can amend the information, pay the fee and amended record is submitted.

Notes

RENEW A LICENSE/PERMIT/AUTHORIZATION

STEP 1 –IDENTIFY AND SELECT THE LICENSE/PERMIT/AUTHORIZATION YOU WANT TO RENEW AND CLICK “RENEW” BUTTON

Due Date	Record Name	Record ID	Action
① 07/25/2016	TU01 - General Practice TUR Planner Auth...	TU01-000016	Renew
① 07/29/2016	TU01 - General Practice TUR Planner Auth...	TU01-000002	Renew
① 07/29/2016	TU01 - General Practice TUR Planner Auth...	TU01-000003	Renew
① 07/29/2016	TU02 : Limited Practice TUR Planner Auth...	TU02-000002	Renew
① 07/29/2016	TU02 : Limited Practice TUR Planner Auth...	TU02-000004	Renew

STEP 2 –ENTER THE RE-CERTIFICATION DETAILS, CLICK CONTINUE APPLICATION

TU03 - General Practice Planner Renewal

1 Application Information	2 Attachment	3 Review	4 Pay Fees	5 Record Submitted
---------------------------	--------------	----------	------------	--------------------

Step 1: Application Information > Page 1

[Instructions](#)

* indicates a required field.

Re-Certification for General Practice Planner

Re-Certification Information

Showing 0-0 of 0

Title	Date(s)	Hours	Credits Requested	Description	Course Type	Credit Category
No records found.						

[Add a Row](#)
[Edit Selected](#)
[Delete Selected](#)

Environmental Management System or Resource Conservation Planner Certification

Please indicate if you are also applying to certify an Environmental Management System and/or a Resource Conservation Plan (there is no additional fee for this certification).

Environmental Management System:

☐

Resource Conservation Plan:

☐

[Continue Application »](#)
[Save and resume later](#)

STEP 2 –UPLOAD ATTACHMENTS, CLICK CONTINUE APPLICATION

Search Applications

TU03 - General Practice Planner Renewal

1 Application Information	2 Attachment	3 Review	4 Pay Fees	5 Record Submitted
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Step 2: Attachment > Page 1 * indicates a required field.

Document List

Documents:

Please upload 6 Required Document(s) which are mandatory to Submit this Application:

1. Copy of Accreditation/Certification for EMS
2. Course agenda and description of EMS Courses not offered by the TUR Program that were not pre-approved by MassDEP
3. Proof of DEPs prior approval of TUR courses not offered by the TUR Program (OTA, TURI or MassDEP) or of an eligible activity (approval letter/notice)
4. Proof of MassDEPs prior approval of EMS Planning courses that were not offered by the TUR Program (MassDEP/OTA/TURI) (course approval letter/ notice)
5. Proof of all claimed continuing education credits in EMS Planning (documenting attendance and issued by course provider)
6. Proof of all claimed continuing education credits in Toxics Use Reduction issued by course provider / proof of participation in an eligible activity

Attachment

The maximum file size allowed is 100 MB.

Name	Type	Size	Latest Update	Action
No records found.				

Browse

Continue Application »

Save and resume later

NOTE: System will navigate user through the certification page, review page and fee page. Once fee is paid and Authorization is renewed.